
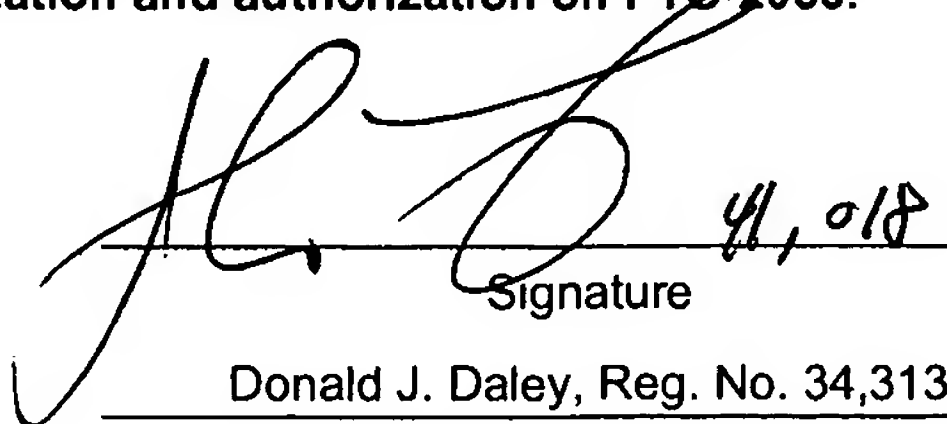


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 32860-001018/US
	In re Application of Kristine FUIMAONO et al.	
	Application Number 10/569,958      Filed November 3, 2006	
	For METHOD AND DEVICE FOR VISUALLY SUPPORTING AN ELECTROPHYSIOLOGY CATHETER APPLICATION IN THE HEART	
	Group Art Unit 3768      Examiner Hien Ngoc NGUYEN	
<p>Applicant(s) hereby petition(s) for an extension of ONE (1) month(s) pursuant to 37 C.F.R. §§ 1.17 and 1.136(a).</p> <p>The fee has been calculated as shown below:</p> <p><input checked="" type="checkbox"/> <b>NO</b> extensions of time have been previously obtained for responding to the Office Action. Thus a fee of \$130 is required for the <u>full period</u> of the above-requested extension of time.</p> <p><input type="checkbox"/> An extension of _____() month(s) for responding to the Office Action was previously requested and paid for on _____. Thus a fee of _____ is required to obtain an additional _____() month(s) for filing the Request for Continued Examination and response.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0750</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 80px;">Registration number if acting under 37 CFR 1.34(a). _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;"><p>December 9, 2010</p><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/><p style="text-align: center;">Date</p></div><div style="width: 55%; text-align: right;"> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/><p style="text-align: center;">Signature</p><p>Donald J. Daley, Reg. No. 34,313</p><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/><p style="text-align: center;">Typed or printed name</p></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><input type="checkbox"/> *Total of _____ forms are submitted.</div>		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.